

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021133
STATE FILE NUMBER

37560-58
FILED JUL 14 1958

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 155

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fulton 0743
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp.		Length of stay in lb 4 hrs	d. STREET ADDRESS 509 S. 9th St.
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Baby			4. DATE OF DEATH Month July Day 4 Year 1958		
First	Middle	Last			

5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 3, 1958	9. AGE (In years last birthday)	10. UNDER 1 YEAR Months 4 Days 22	11. IF UNDER 24 HRS. 4 22
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nil	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and state or country) Fulton Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Kenneth Glover	13b. MOTHER'S MAIDEN NAME Della Mae Lucas	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT Kenneth Glover	Address Fulton Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac failure		INTERVAL BETWEEN ONSET AND DEATH 1 hr
DUE TO (b) Prematurity 28th weeks		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) 7735		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour — Month — Day — Year — a.m. — p.m. —	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Fulton Mo	COUNTY Callaway	STATE Mo.
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21. I attended the deceased from **10:30 Pm** to **3:20 am** and last saw ^{her}him alive on **3 July 58**
Death occurred at **3:20 A.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. R. [Signature] (Degree as title) 0	22b. ADDRESS Fulton Mo	22c. DATE SIGNED 12 July 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE July 5, 1958	23c. NAME OF CEMETERY OR CREMATORY Paris Fork	23d. LOCATION (City, town, or county) (State) Callaway County Mo.
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24. FUNERAL DIRECTOR Margie Fenwick Home	ADDRESS Fulton, Mo.	25. DATE RECD. BY LOCAL REG. July-12-1958	26. REGISTRAR'S SIGNATURE Maretha Lawrence
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(Licensed Embalmers Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Not Embalmed, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. J. Ross
Licensed Embalmer No. 2555
P. O. Address Butter

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.